



2022 **HEDIS<sup>®</sup>**  
Training



Clear Spring  
Health

## What Is HEDIS<sup>®</sup>?

- The **Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)** is one of the most widely used sets of health care performance measures in the United States.
- HEDIS<sup>®</sup> is a set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) for the managed care industry.
- HEDIS<sup>®</sup> is a tool used by more than 90% of health plans to measure performance based on the care and service provided to their Members.
- HEDIS<sup>®</sup> metrics are used to assess care for many public health issues relevant to our member population including but not limited to cancer, diabetes, and heart disease.

## HEDIS<sup>®</sup> Measures

HEDIS<sup>®</sup> includes more than 90 measures across the following six domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

## HEDIS<sup>®</sup> Results:

- Are the industry-wide standardized measurement tool for quality improvement processes and preventive care programs
- Provide an assessment of the overall health and wellness of the plan's membership
- Are used for evaluating a health plan's ability to improve in its preventive care and quality of care
- Help identify gaps in care and aid in developing programs and interventions to increase member compliance and improve health outcomes
- Validate the provider's commitment to improve care and member outcomes

## Why HEDIS® Is Important to Providers?

- ⑤ HEDIS® assists providers in identifying and eliminating care gaps for their patients
- ⑤ Helps ensure timely and appropriate care for their patients
- ⑤ Measured rates can be used to monitor provider compliance with incentive programs

## There are three sources of HEDIS® Data

1. **Administrative** – Data collected through claims / encounters submitted by medical offices
2. **Hybrid** – Data collected through the review of medical records for data not captured from claims/encounters
3. **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey** – Survey which is performed by a third-party vendor to collect data about members' experience with healthcare

## There are three ways to collect HEDIS® Data in compliance with HIPPA

1. Patient health information (PHI) is collected by the Plan and is maintained in accordance with all federal and state laws.
2. Disclosure of patient information is permitted as part of Quality Improvement initiatives
3. Under HIPPA Privacy Rules, release of patient information for the purposes of HEDIS® data collection is permitted and does not require patient consent or authorization

## When is HEDIS® data collected?

HEDIS® is a year-round process in which the plan gathers all claims/encounter, hybrid and supplemental data

- The Quality Improvement department staff is responsible for collecting medical records and review data for hybrid data

CAHPS survey administration begins in February and continues in May. Medicare CAHPS Survey includes the following domains:

- Member's healthcare in the last 6 months
- Member's experience with their Primary Care Physician
- Member's experience obtaining healthcare from any specialists
- Member's experience with the Health Plan

## WHAT IS THE PROVIDERS' ROLE WHEN USING HEDIS® TOOLS

- ⑤ To document clearly and accurately in the patient's medical records ALL the care given by providers to our members
- ⑤ To respond to Quality Department requests for records within 5-7 business days
- ⑤ To ensure accurate coding of care when submitting a claim and/or encounter (see HEDIS® Reference Guide for appropriate codes for each measure)
- ⑤ To become familiar with HEDIS® measurement documentation requirements



# IMPORTANT HEDIS<sup>®</sup> MEASURES

MEASURE ABBREVIATION	MEASURE	REQUIRED DOCUMENTATION	INFORMATION NEEDED
COA	Care for Older Adults	<ul style="list-style-type: none"> <li>• Physician Notes</li> <li>• Advance Directive</li> <li>• Assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Advance Care Planning: Living Will, POA, Advance Directive</li> <li>• Medication Review (medication list)</li> <li>• Functional Status Assessment: Notation of ADLs or iADLs</li> <li>• Pain Assessment</li> </ul>
BCS	Breast Cancer Screening	<ul style="list-style-type: none"> <li>• Annual Mammography Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Claims / Encounters</li> </ul>
COL	Colorectal Cancer Screening	<ul style="list-style-type: none"> <li>• Physician Notes</li> <li>• Lab Results</li> <li>• Radiology Results</li> </ul>	Dates / Results of Screenings for the following: <ul style="list-style-type: none"> <li>• FOBT</li> <li>• FIT-DNA</li> <li>• Flexible Sigmoidoscopy</li> <li>• Colonoscopy</li> <li>• CT Colonography</li> <li>• Cologuard</li> </ul>
CBP	Controlling High Blood Pressure	<ul style="list-style-type: none"> <li>• Physician Notes</li> <li>• Medication Review / List</li> </ul>	<ul style="list-style-type: none"> <li>• Blood pressure reading during office visit</li> </ul>
CDC	Comprehensive Diabetes Control	<ul style="list-style-type: none"> <li>• Physician Notes</li> <li>• Lab Results</li> <li>• Ophthalmology/Optometrist Report</li> <li>• Medication Review/List</li> </ul>	<ul style="list-style-type: none"> <li>• HbA1c Results</li> <li>• Urine Results</li> <li>• Retinal Eye Exams</li> </ul>
OMW	Osteoporosis Management in Women Who Had a Fracture	<ul style="list-style-type: none"> <li>• Physician Notes</li> <li>• Bone Mineral Density Test</li> <li>• Medication Review/ List</li> </ul>	<ul style="list-style-type: none"> <li>• Bone Density test results</li> </ul>
TRC	Transition of Care	<ul style="list-style-type: none"> <li>• Physician Notes</li> <li>• Medication Review/ List</li> <li>• Fax transmittal from Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of patient admission and discharge</li> <li>• Medication review and reconciliation after discharge (e.g. office visits, telehealth)</li> </ul>

## HOW TO IMPROVE YOUR HEDIS® SCORES



Determine if patient has a gap in care prior to a visit



Submit complete medical record documentation at the time of any medical record request



Use correct data code when submitting claims or encounters for ALL services rendered to a patient



Follow all HEDIS® measure requirements and document clearly within the medical record

## CONTACT US FOR ASSISTANCE

Quality Improvement Department : **1-844-895-9047**

FAX claim/encounters, medical records, gap reports to: **1-800-903-5827**

Email claim/encounters, medical records, gap reports to: [qualityimprovement@clearspringhealthcare.com](mailto:qualityimprovement@clearspringhealthcare.com)

Contact us online at: [clearspringhealthcare.com/providers/quality-improvement](https://clearspringhealthcare.com/providers/quality-improvement)